

Relationships of Workloads, Working Conditions and Dual Role Conflict with Nursing Stress

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Abstract

Context: Jobs in the health sector such as nurses are often assumed to be jobs that have a high risk of stress. This study aims to determine the relationship between workload, working conditions and dual role conflict with nurses' work stress. The study was conducted at the Abepura Regional Mental Hospital in October 2016 using a cross-sectional design. The research sample was nurses in Abepura Regional Mental Hospital, amounting to 62 people who were selected using a simple random sampling technique. Bivariate analysis was performed to show the relationship between the dependent and independent variables used the chi-square test with a significance level of $p < 0.05$. The results showed that the majority of respondents experienced heavy work stress (90.3%), heavy workloads (88.7%), non-conducive working conditions (54.8%) and severe dual role conflict (85.5%). Workload ($p = 0.016$), work environment ($p = 0.022$) and dual role conflict ($p = 0.024$) related to nurses' work stress. It is necessary to re-arrange the workload and shift adjusted to the nurse's ability, to create conditions that are conducive and comfortable and provide communication space to discuss the role conflict felt by the nurse.

Keywords: Job stress, workload, dual role conflicts, work conditions, nurses

Introduction

The hospital is one form of a health facility that is organized both by the government and the private sector. Hospitals in carrying out their functions are expected to pay attention to social functions in providing health services to the community. The success of hospitals in carrying out their functions is characterized by the quality of service quality by the hospital. Hospital quality is highly influenced by several factors, including the most dominant is human resources (HR) ⁽¹⁾.

Hospital management will not be separated from the existing human resources. Human resource management is essentially an integral part of overall hospital management and human resources are the most important

capital and wealth of all activities carried out in the hospital. The success of this hospital is also influenced by knowledge, skills, creativity, and motivation of staff and employees in this case nurses for 24 hours (divided into 3 shifts, namely morning shifts, evening shifts, and night shifts) that deal directly with patients ⁽²⁾.

Jobs certainly bring workers to certain situations that expose them to demands or excessive workloads that make them experience work stress. Job stress is a process of perception that is individualized. In general, employees experience work stress due to stressors coming from individuals, groups, organizations, and non-work, this work stress will have an impact on the behavior, cognitive, and physiological workers ⁽³⁾.

Jobs in the health sector such as nurses are often assumed to be jobs that have a high risk of stress. This can be understood from at least three things, namely the workload that must be supported, the influence of patients being served and working conditions ⁽⁴⁾. Excessive workloads such as caring for too many patients, nurses will have difficulty in maintaining high nursing standards can cause stress and working conditions because nurses

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feel unable to provide the support needed by co-workers and face the problem of labor limitations ⁽⁵⁾.

The resulted of a preliminary study conducted on 2 female nurses showed that conflict is more pronounced during morning shifts and night shifts. This is also supported by the distance of their residence away from the workplace. So they often feel tired after work but have to do more household chores. Sometimes nurses feel stressed and can cause anxiety. Nurses in the room always brought their children who were under five to go to work. The reason for the nurse is because no one is looking after her child at home. The impact of taking the child to the hospital also makes the nurse worried.

This study aimed to determine the relationship between workload, working conditions and dual role conflict with nurses' work stress.

Material and Method

The study was conducted at the Abepura Regional Mental Hospital in October 2016 using a cross-sectional design. Sample was nurses in Abepura Regional Mental Hospital, amounting to 62 people who were selected using a simple random sampling. Samples recruited in the study were nurses aged 20-50 years, working in one hospital with a shift system and willing to be respondents as evidenced by having signed informed consent. Data collection was carried out using a questionnaire. Characteristics of sample are age, sex, education, length of work and position. The research variables consist of dependent variables (work stress) and independent variables (workload, working conditions, and dual role conflict). Bivariate analysis to measure the relationship between the independent and dependent variable with $\alpha = 0.05$.

Findings:

Characteristics of Respondents: Table 1 showed that the age of respondents was mostly in the productive age, which is aged 20 - 35 years, amounting to 51 people (82.3%). Most respondents were female nurses, as many as 54 people (87.1%). 56 people (90.3%) nurses graduated from Diploma in Nursing. The working period of nurses mostly has worked for <5-10 years, namely 57 people (91.9%).

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Table 2 showed that respondents who had light

workload tended to experience mild stress as many as 3 people (42.9%) higher than respondents who had heavy workloads who experienced mild stress. Respondents who experienced light workloads with heavy stress amounted to 4 people (57.1%) lower than respondents who experienced heavy workloads and experienced heavy stress as many as 52 people (94.5%). Statistical test resulted using chi-square obtained P-value = 0.016. There is a relationship between workload and the level of work stress.

Table 1: Characteristics of respondents

Characteristics	n	%
Age (Year)		
20 – 35	51	82.3
36 – 45	11	17.7
Sex		
Man	8	12.9
Female	54	87.1
Education		
School of Health Nurses	1	1.6
Diploma	56	90.3
Bachelor	5	8.1
Length of working (Year)		
< 5 – 10	57	91.9
11 – 15	5	8.1
Position		
Functional Nurse	4	6.5
Managing Nurse	31	50.0
Head of Room	2	3.2
Contract Nurse	25	40.3
Total	62	100

Table 2: Relationship between workload, working conditions and dual role conflict with work stress

Variable	Work stress				Total		P-value
	Light		Weight				
	n	%	n	%	n	%	
Workload							
Light	3	42,9	4	57,1	7	100	0.016
Weight	3	5,5	52	94,5	55	100	
Working conditions							
Conductive	0	0	28	100	28	100	0.022
Not conductive	6	17,6	28	82,4	34	100	
Dual role conflict							
Light	3	37,5	5	62,5	8	100	0.024
Weight	3	5,6	51	94,4	54	100	

Table 2 showed respondents who stated that conducive working conditions tended to experience stress with more severe levels than those who experienced mild stress levels, amounting to 28 people (100%). Respondents who stated that the working conditions were less conducive that could cause nurses in mild stress conditions amounted to 6 people (17.6%) lower than respondents who stated the working conditions were less conducive and experienced severe stress as many as 28 people (82, 4%). Statistical test resulted using chi-square obtained P-value = 0.022. There is a relationship between working conditions and the level of work stress.

Table 2 showed the respondents who experienced mild levels of dual role conflict and experienced less stress with a total of 3 people (37.5%). Respondents who felt severe dual role conflict and experienced lower levels of mild stress were 3 people (5.6%), respondents who experienced dual role conflict with mild levels with heavy stress levels were 5 people (62.5%) more low compared to respondents who experienced severe double role conflict with heavy work stress as many as 51 people (94.4%). Statistical test resulted using chi-square obtained P-value = 0.024. There is a relationship between dual role conflict with the level of work stress.

Discussion

1. Workload: The result showed that respondents' statements about high workload were 55 people and low was 7 people. This showed that the workload felt by nurses in carrying out their duties is felt high. The result of the study are no different from Haryanti, Aini (6) that the workload perceived by nurses is high because the patients served are emergency patients, thus requiring speed, accuracy and consistent time at work, making nurses workloads high. Respondents who stated that the workload was high, was caused by the fact that in their work the leaders had many demands on the work that had to be done, so they had to be demanded to provide quality services and deal with patients with various characteristics. According to Haryanti, Aini (6) factors that influence nurses' workloads are patient conditions that are always changing, the average number of hours of care needed to provide direct services to patients exceeds a person's ability, the desire to achieve work, high job demands and care documentation nursing.

Respondents who stated the low workload of 7

people could be caused by external factors from the nurse itself, that is, the responsibility given to him was not much, so he did not feel burdened with his work. The workload felt by nurses is highest at productive ages (20 to 35 year). This is likely due to the physical condition of the nurse in dealing with work done. This is the following research by Ratri and Parmitasari⁽²⁾, that nurses aged 31-39 years experience a high workload caused by physical deterioration, so they are easily tired and feel the work done is not following their bodily capabilities. This is due to the demands of ability from the level of education they have. The same thing found by Mubin (7) that the high workload felt in higher education is due to the moral burden they bear with the education they have, so they have to work better than nurses with lower education below.

Nurses who felt a high workload on nurses who worked <5 years to 10 years were 51 people. This can be caused by the routine he does so that it causes boredom. This is the following research conducted by Haryanti, Aini (6), that nurses who feel a high workload are caused by the boredom of routine work done in connection with fast and responsive actions to patients in critical condition.

2. Working Conditions: The result obtained that the majority of respondents stated that the working conditions were not conducive as many as 53 people and conducive as many as 9 people. Respondents stated that the working conditions were not conducive because nurses had to deal with the patient's family, where the patient's family had an increased anxiety level after one of his family was treated in the intensive care unit. Also, nurses stated that the work conditions that are not conducive due to outdated equipment are still being used which is feared to experience sudden damage and will certainly affect the services provided to patients. As a result of problems arising from working conditions in hospitals that cover the work environment both physically and socially, for example, relationships with anxious patients' families and conditions of work equipment cause nurses to feel uncomfortable at work.

Nurses who state conditions are conducive to work because nurses have adapted to working conditions experienced, including dealing with family anxiety and working equipment conditions. Judging from the nurse's tenure that nurses who feel the conditions

of work are not conducive to nurses with ten years of service, this is due to the tenure they have, the nurse knows the deficiencies that exist in care in the hospital. A similar sentiment was expressed by Mubin (7) that nurses with long working years are more aware of their working conditions including lack of equipment and facilities and infrastructure needed in carrying out nursing care, in addition to the condition of patients who need serious attention supported by adequate equipment.

The resulted of the study were no different with Ahsan, Noviyanti (8) that nurses who worked in the inpatient room stated that the working conditions were not pleasant. Due to the duty of nurses in receiving and caring for patients must be able to deal with at the same time calm the anxiety of patients and patients' families. Working conditions are seen as having an important role in the comfort, peace, and security of work. The creation of comfortable working conditions will help employees to work harder so that productivity and job satisfaction can be increased. Good working conditions are work conditions that are free from physical disturbances such as noise, lack of lighting, and pollution and are free from psychological or temporary disturbances such as the privacy of the employee and the setting of working hours⁽⁹⁾. But from the nurse's statement that the perceived working conditions are not conducive is facing the patient's family with increased anxiety caused by not being able to keep together with the patient, as well as outdated equipment. While the sound produced by the engine, air circulation, and lighting and room temperature are adequate and are felt not to be a problem at work.

3. **Dual Role Conflict:** The resulted of this study also indicate that there is a significant relationship between multiple role conflicts with work stress on nurses. This means that nurses who have a high role conflict, the level of work stress experienced by nurses are high. While nurses who have low dual role conflict, the level of work stress experienced by nurses is low. The resulted of this study are supported by research by Lambert, Hogan (10) found that there is a positive and significant relationship between dual role conflict with work stress.

Also, research conducted by Nasir and Nusi (11) found that there were work and household conflicts. Conflict in the family will not occur if there is a balance between roles in the family with work.

An employee who has a family has a dual role, besides acting like a wife and mother, she also acts as a breadwinner. This dual role is very risky with conflict because in general women tend to prioritize their families (husband and children) overwork. This can hamper the implementation process of achieving its performance. The dual role conflict they experience is a factor triggering work stress. This is according to the resulted by Long, Azami (12) show that women who work are more likely to experience conflicts and problems and emphasize the importance of family problems rather than work when the family is the most important domain for most women.

The same thing also expressed by Qamari (13), one of the strategies that can be applied by women who work is social support, which maintains good relations with colleagues around and superiors, it is very important to prevent unnecessary problems. Moral and emotional support from colleagues and superiors can make you more excited about work. Their presence can also play a role in helping when facing family problems. Social support at work can contribute, especially employee productivity and welfare⁽¹⁴⁾. Also, social support according to Johnson, Johnson (15) can increase productivity through increased motivation, quality of reasoning, job satisfaction and reducing the impact of work stress.

Conclusion

Workload, working conditions and dual role conflict are related to nurses' work stress. More workload felt by nurses, non-conducive working conditions and heavy dual role conflict increase work stress for nurses. It is necessary to re-arrange the burden and shift adjusted to the nurse's ability, to create conditions that are conducive and comfortable and provide communication space to discuss the role conflict felt by the nurse.

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